Application Data Sheet

Application Information

	Ap	plica	ition	num	ber:
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Filing Date:

March 30, 2004

Application Type:

Regular

Subject Matter:

Utility

Suggested classification:

Suggested Group Art Unit:

CD-ROM or CD-R?

None

Number of CD disks:

Number of copies of CDs:

Sequence submission?

Computer Readable Form (CRF)?

Number of copies of CRF:

Title:

SWIM CAP WITH MULTIPLE DUROMETERS

Attorney Docket Number:

005127.00356

Request for Early Publication?

Request for Non-Publication? NO

Suggested Drawing Figure:

2

NO

Total Drawing Sheets:

4

Small Entity?

NO

Latin name:

Variety denomination name:

Petition included?

NO

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?

NO

Applicant Authority Type:

Inventor

Primary Citizenship Country:

United States

Status:

Full Capacity

Given Name:

Dylan S.

Family Name:

VAN ATTA

Name Suffix:

City of Residence:

Portland

State or Province of Residence:

OREGON

Country of Residence:

Street of mailing address:

1040 NW 10th Avenue, #438

City of mailing address:

Portland

State or Province of mailing address:

OREGON

Country of mailing address:

Postal or Zip Code of mailing address:

97209

Applicant Authority Type:

Inventor

Primary Citizenship Country:

United States

Status:

Full Capacity

Given Name:

Robert

Family Name:

BRUCE

Name Suffix:

City of Residence:

Portland

State or Province of Residence:

OREGON

Country of Residence:

Street of mailing address:

4814 S.E. Harrison Street

City of mailing address:

Portland

State or Province of mailing address:

OREGON

Country of mailing address:

Postal or Zip Code of mailing address:

97215

Correspondence Information

Correspondence Customer Number:

22910

Representative Information

Representative Customer Number: 2	22910
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: